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Straight sodomy okay in Georgia

A judge rules that married heterosexual couples have a right to privacy in the Hardwick state

By Jennie McKnight

DECATUR, Ga. — A Superior Court judge ruled Sept. 6 that Georgia's sodomy law violates the privacy of married heterosexuals. Foes of the 156-year-old sodomy statute said the ruling underscores the real purpose of the law: to criminalize gay and lesbian sex.

The case involves a man who was accused of raping his wife, but who was convicted of having consensual oral sex with her. The man, James D. Moseley, was released from prison after serving over 18 months of a five-year sentence. Moseley's challenge to the sodomy law was taken up by the Georgia chapter of the American Civil Liberties Union (ACLU).

Moseley was originally charged in February of 1988 with two counts of rape, two counts of anal sodomy, and two counts of oral sodomy after his then-wife, Betty Roberts, accused him of raping her. Moseley denied that he had raped Roberts, but in his testimony during the criminal trial he said he had had oral sex with her at her request.

The criminal trial judge, William Ison, instructed the jury that even if they found Moseley not guilty of the charges involving forced sex, they could bring back a guilty verdict for consensual sodomy since Moseley had confessed to it under oath. That's exactly what the jury did, and Ison sentenced Moseley to five years in prison.

(Sue Hyde, of the National Gay and Lesbian Task Force's Privacy Project, pointed out that the criminal trial judge, Ison, has a history of using the Georgia sodomy statute "in the most inappropriate ways." She said Ison was the same judge, who, in 1977, removed from custody the seven year-old son of Leigh VanderEls, a lesbian mother. Ison called VanderEls an "unconvicted felon" and had her fired by calling her employer and revealing her lesbianism.)

Next move legislative

In ruling on the Moseley case, Superior Court Judge Robert Castellani said "Government has no business with a married couple's private consensual sexual practices." Castellani cited the 1986 Supreme Court ruling in *Bowers v. Hardwick* that upheld Georgia's sodomy law. In that case, which involved a gay man who was convicted of having sex with another man, the justices in the majority said the statute might not be constitutional as it applied to married couples.

Because of the ruling in the *Hardwick* decision, the chances for entirely overturning Georgia's sodomy law through the courts is no longer an option, according to Hyde. "My opinion is that we've seen everything we're going to see in terms of a constitutional challenge" to the Georgia statute, she said. "What remains is a legislative repeal effort, which could result in the wholesale repeal of the statute, not just the marital exemption."

So far, one Georgia legislator, J.E. "Bil-

ly" McKinney (D-Atlanta) has announced plans to introduce legislation that would amend the existing sodomy statute. McKinney is reportedly planning to introduce the same bill he sponsored in 1987, which would criminalize sodomy only if people of the same sex engaged in it.

Cathy Woolard, president of the lesbian and gay chapter of the Georgia ACLU, told *GCN* that "there's movement within the ACLU" to introduce legislation that would totally repeal the sodomy statute. "Billy McKinney is a bigot and a bully. What I'm hoping is that we'll be able to come up with a better piece of legislation that will get more support," she said.

Woolard added that election-year politics might affect the legislative debates, since "three or four members of the Georgia State Senate are running for governor, and they're all trying to see who can be the most conservative." Asked whether legislators might balk at even McKinney's bill, since it would allow married heterosexuals to engage in non-procreative sex acts, Woolard said she didn't think so.

"Here in Georgia, marriage and family are above everything in the universe. People don't want the government peeping into their private lives. They don't care if it peeps in my private life, but if it goes into what's white, what's middle-class, what's nuclear, then they say 'Wait a minute here, we can't have this.'"

Moseley: rapist or victim?

Since his case gained notoriety, Moseley has become somewhat of a sexual folk hero. Newspaper accounts have described Moseley as "probably the only man in a Georgia prison for having oral sex with his wife." Moseley, after his release from prison, was quoted as saying "I'm standing up for every man and woman in the United States."

Woolard said that when she first heard about the case she was concerned, since Moseley was convicted on a consent charge, but accused of non-consent crimes. But she said she "checked it out pretty thoroughly," and is "pretty confident" about Moseley's version of the case. "He did stand trial for the other charges. A jury heard the evidence — and there were, I think, nine women on the jury — and they found him not guilty. We have to make the assumption that he was innocent," Woolard said.

When asked about Moseley, the sex hero, Hyde said "Aside from how the public perceives him, if what happened was he and his wife had sex and he went down on her — if he's really an unwitting victim — he shouldn't have been in jail. In that sense, I have some feeling for him in the same sense that I feel for Michael Hardwick — who I do think is a hero."

"Generally speaking, I do not hold male sexual privilege in very high regard," Hyde continued. "It makes me nauseated to think

Continued on page 12



Fighting for Housing and Dignity

another installment of The PWA Journals

Deciphering Treatment News

an interview with john james



How will the Barney Frank scandal influence the new fall fashions?

back page

Army bars lesbian

A Federal Appeals court says that it's okay for the military to discharge gay men and lesbians

By Kelly Gaines

CHICAGO — A U.S. Federal Court of Appeals here ruled in August that the U.S. Army does not have to reinstate a woman who identifies herself as a lesbian. The August 7 decision by the Seventh Circuit court marks the latest round in Miriam Ben-Shalom's 13 year struggle to re-enlist in the Army Reserves.

Ben-Shalom enlisted in the Army Reserve in 1974 for a three year tour of duty. Two years later she was discharged when she told a reporter that she was a lesbian. After several court battles, Ben-Shalom was finally reinstated (to complete the third year she never served) in 1987 by the Seventh Circuit court here. When Ben-Shalom sought re-enlistment, the Army rejected her request and she filed another suit. Although a district court ruled that the Army had to allow her to re-enlist, the Army refused and appealed to a three member panel of the Seventh Circuit, which ruled in favor of the Army last month.

The court said that Army regulations preventing gay men and lesbians from serving in the military are not necessarily unconstitutional. The regulation that was upheld in the Ben-Shalom case states that the Army may discharge those who "engage in homosexual conduct, or who by their statements demonstrate a propensity to engage in homosexual conduct." In its decision, the court said that "There no doubt is prejudice against homosexuals both in and out of the Army. That possibly may be abating to a degree. However, the Army should not be required by the court to assume the risk ... that accepting admitted homosexuals into the armed forces might imperil morale, discipline, and the effectiveness of our fighting force."

An important issue in the Ben-Shalom case involved whether or not simply stating that one is gay or lesbian, without any acknowledgement or "proof" that one has practiced homosexual acts, constitutes a violation of Army rules. Ben-Shalom argued that her right to say that she was a lesbian is free speech and is therefore protected under the First Amendment. The

court disagreed. "It is the identity that makes her ineligible for military service, not the speaking of it out loud. Thus, if the Army's regulation affects speech, it does so only incidentally, in the course of pursuing other legitimate goals," wrote Judge Harlington Wood, Jr. in the decision.

Sue Hyde, director of the Privacy Project of the National Gay and Lesbian Task Force, told *GCN* that the logic used in the Ben-Shalom decision is similar to that used in *Bowers v. Hardwick*, in which the U.S. Supreme Court upheld a Georgia sodomy law. Instead of examining the policy in question — either the Army regulations or the Georgia law — the courts use the existence of policy as its own justification, she said.

Hyde said that one of the lessons learned from the Ben-Shalom case is that "shock waves" from the *Hardwick* case are still reverberating. *Hardwick* "remains a landmark and landmine case that continues to blow up in our face," she said. Hyde also charged that the Seventh Circuit court "used *Hardwick* as a point of departure to extend its own homophobia" by ruling that it is not only not permissible to engage in homosexual activities, it is also not permissible to openly identify as gay or lesbian.

The latest ruling in Ben-Shalom's long fought court battles comes on the heels of a related decision. In May, a U.S. Court of Appeals in San Francisco ordered the Army to reinstate Perry Watkins, an openly gay sergeant who was discharged in 1981 for his homosexuality (see *GCN*, May 14). Although hailed as a victory by those working for lesbian and gay military rights, the Watkins decision was very narrow legally. According to Hyde, the court ruled that the Army violated Perry Watkins' individual rights, but did not overturn the Army's anti-gay regulations. Hyde said that although she didn't know which one would do so, one of the recent cases involving lesbians and gay men in the military will almost certainly reach the U.S. Supreme Court.

"They [the courts] have thrown down the gauntlet," she said, "and we'll pick it up."

□ filed from Boston

Quote of the Week

"When a man puts on any fragrance, it's going to smell different on him than it would on a woman. It will smell manly on him."

— Annette Green, executive director of the Fragrance Foundation, in the Chicago Sun-Times. Green was quoted in an advice column in response to a man who wrote in asking about the differences between "women's perfume" and "men's cologne." The letter-writer complained that "all the great fragrances are made for women," and wanted to know if people would notice if he wore "women's perfume."

AIDS videos at ICA

BOSTON — "Video Against AIDS," a series of independently produced videos, is currently being hosted by the Institute of Contemporary Art (ICA) here. The series includes three two-hour programs covering different aspects of AIDS. The Program One topics are "People With AIDS: Power and Discrimination" and "AIDS and Women," Program Two covers "Resistance; Mourning; and Community Education," and Program Three addresses "Loss; Analysis; and Activism."

The series is on a rotating schedule with each program showing twice a week through September 29 at the ICA Theater. Videos can also be rented from the ICA store. For exact times, call the ICA at 266-5152.

□ Liddy Rich

No sex study

WASHINGTON — An extensive study of sexual behavior planned by the Public Health Service has been prohibited, reported the *Boston Globe*. In August, the House of Representatives passed legislation that would increase AIDS spending by about 25 percent over last year, but blocked a report attached to the legislation that would help determine how AIDS and other sexually transmitted diseases are spread. The measure that passed would increase federal money for AIDS to \$1.6 billion, to be used for research, prevention and treatment programs.

The report that accompanied the legislation says that the proposed \$11 million study "does not appear to be an appropriate use of federal funds." The report goes on to say that if such a study is necessary, it should be accomplished with private funding.

The survey, opposed by some Bush administration officials and other conservative lawmakers, would have been the first thorough study of sexual practices in America since the 1948 Kinsey Report.

□ Liddy Rich

Bisexual deputy sues sheriff



Tom Woodard at a rally held in his support, May 13, 1989

ORANGE COUNTY, Fla. — An ex-Deputy Sheriff who was forced to resign from the Orange County Sheriff's Office after he said he was bisexual is fighting back. Lambda Legal Defense and Education Fund has recently announced that it has brought a lawsuit against Sheriff Walter J. Gallagher of Orange County.

The investigation into Tom Woodard's private life began when a police captain told investigators about an affair that Woodard

had had with a man one and a half years earlier [see *GCN*, June 4, 1989]. Woodard was subsequently questioned about his personal history after working a full night shift and he "admitted" to being bisexual. He was then labeled "homosexual" and given the choice to either resign or be fired. When he was told that the investigation would remain confidential if he agreed to resign, Woodard resigned. The details of Woodard's resignation and sexual orientation were then publicized by the local press. Woodard has been unable to obtain another law enforcement position since that time.

Lambda staff attorney Sandra Lowe told the *Sentinel* that the Florida State Constitution "provides that a person has a fundamental right to be let alone, to be free from governmental intrusions into one's private life, and to autonomy in making personal decisions." Lowe, in conjunction with William Shaeffer, will represent Woodard. Lowe also said that Sheriff Gallagher used the power of his publicly-elected office to invade a man's private sexual life. She notes that this intrusion was made "without any connection to Woodard's performance on the job or conduct in the community."

Gallagher is accused of violating Woodard's right to privacy, due process, freedom of expression and association, and equal protection under the law. Gallagher is also charged with falsely representing the confidentiality of the investigation. Woodard hopes to receive damages, reinstatement to his former position, back pay, and seniority.

□ Allison T. Freeman

Gay man shot while having sex in park

BALTIMORE — Police here report that a man who was having sex with another man in a city park was accidentally shot.

According to *The Weekly News*, a lesbian/gay paper in Florida, undercover plainclothes police officers had been patrolling the park because of complaints that "homosexual activity" was taking place there. On August 4, two men who were "apparently" engaging in sexual activities left abruptly when two plainclothes officers approached them. When one of the officers chased one of the men and tackled him to the ground, the officer's gun "struck the ground, discharged and hit the guy in his left armpit," according to Officer William Bertazon of the Baltimore police department. Bertazon was not present during the incident.

The man who was shot is in stable condition. The other man was arrested by the second officer and charged with a misdemeanor sexual offense. The police plan to charge the man who was shot as well, as soon as he is released from the hospital.

□ Kelly Gaines

GMHC urges testing

NEW YORK — In a major policy shift, the Gay Men's Health Crisis (GMHC) recently endorsed widespread voluntary testing for HIV. GMHC joins other AIDS service organizations nationwide, including the San Francisco AIDS Foundation, who are changing long-held positions on testing. GMHC is the first major AIDS organization in New York to indicate a shift in its testing policy, according to the *New York Times*.

At the press conference GMHC held to make the announcement, representatives from New York's Black Leadership commission on AIDS, Hispanic AIDS Forum, and Minority Task Force on AIDS also endorsed voluntary testing.

□ Kelly Gaines

Project targets Black men

LOS ANGELES — Black gay and bisexual men are asked to participate in a survey designed to gather information about health care resources and services available to Black men in the United States. The survey is being conducted by the Black Community AIDS Research and Education Project (Black CARE).

Black CARE says that there is an extreme

lack of services, information, and resources directed towards the needs of Black gay and bisexual men. Black CARE wants to address this lack by going directly to the community. Black gay or bisexual men (or Black men who have had sex with men) interested in filling out a questionnaire should contact: Dr. Vickie M. Mays, Black CARE Project, 1283 Franz, Los Angeles, CA, 90024-1563, (213) 206-5162.

□ Kelly Gaines

A rose by any other name...

LONDON — A Flowers beer ad campaign which uses the slogan "Not all flowers are pansies" has provoked protests from gay men and lesbians here.

According to *Gay Times*, a British lesbian/gay publication, gay men and lesbians say that the slogan is "offensive and abusive." Whitbread Brewery, the manufacturer of Flowers beer, denied that the slogan was an anti-gay reference, but admitted that the ads were designed to give the beer a "masculine" image.

The company said that it will remove some of the ad posters from certain places in London because of complaints. However, the company has no plans to remove the posters in any other part of the country. The posters will be displayed in over 700 places in the south of England unless there are more complaints.

□ Kelly Gaines

Canadian woman wins abortion case

OTTAWA — A ruling by the Quebec Supreme Court that allowed a woman's ex-boyfriend to prevent her from seeking an abortion was overturned August 8 by the Supreme Court of Canada. The decision was a test case in this country since Canadian women won the right to abortion just last year.

Chantal Dagle was ordered not to terminate her 21-week pregnancy after the Quebec Supreme Court upheld an injunction that had been filed by her former boyfriend, Jean-Guy Tremblay, according to the *Boston Globe*. Before the court made its ruling, Tremblay had argued that he wanted the child. After the court ruled in his favor and ordered Dagle to continue her pregnancy, Tremblay said he would not fight Dagle for custody. He said that a baby needs its mother and added that he "doesn't have any milk."

After the decision by the Quebec court, Dagle took the case to the Supreme Court of Canada. Just hours before the Supreme Court was to rule on the case, Dagle's lawyer, Daniel Bedard, told the court that he had heard through a third party that Dagle had already had an abortion. (It was later discovered that Dagle had left Canada and had had the abortion in Boston.) Bedard asked the court to rule on the case anyway, since Dagle faced possible contempt of court charges. The Supreme Court recessed and returned a few hours later with the decision that the injunction could not be upheld.

The Dagle case was the subject of intense media scrutiny throughout Canada. Pro-choice demonstrations were held in many major cities after the ruling by the Quebec court.

□ Laura Briggs

Man indicted for knowingly spreading AIDS'

BOISE, Idaho — An Idaho man has been indicted by a grand jury for having unprotected sex when he knew that he was HIV positive. George Lewis is the first person to be charged under a 1988 state law that makes it a felony to knowingly expose someone to AIDS. (HIV is a virus widely thought to be a cause of AIDS.)

Lewis had been convicted of two counts of "lewd and lascivious conduct" involving two boys, aged 15 and 11, and was in jail. While in jail, he was served a warrant for exposing one of the boys to AIDS.

Lewis faces a maximum of 15 years in jail and a \$5,000 fine.

□ Laura Briggs

Art imitates life

GRAND RAPIDS, Mich. — In an effort to promote public awareness about condoms and safer sex, an artist here recently created an unusual "expressionist billboard." Mark Heckman dipped 2,001 condoms in paint and attached them to billboard canvas. The billboard, which was unveiled in August, is displayed along the US-131 highway in Grand Rapids.



Mark Heckman unveils his condom billboard

Heckman began work on the AIDS billboard, called Project SOS (Safe or Sorry), after he had done another series of smaller paintings using condoms. "While condoms are not going to wipe out AIDS, they will help slow the spreading of this deadly disease until a cure is found," he said. He also said that he hopes to eventually sell the billboard and donate all proceeds to AIDS research.

Heckman recently painted a portrait of former U.S. President Gerald Ford for the Michigan state capitol. He did not use condoms for that work.

□ Kelly Gaines

Navy issues Iowa report

WASHINGTON — An 1100-page report released Sept. 7 by the Navy says the April explosion of the *USS Iowa* was "probably" intentional and "probably" caused by Clayton Hartwig, a second class gunner's mate who was killed in the blast, according to the *Washington Post*.

Hartwig became the focus of the investigation when it was discovered that he had named a shipmate, Kendall Truitt, as a beneficiary of his life insurance policy. Rumors began to circulate that Hartwig was depressed because of rejection from Truitt, who had recently married, and that he consequently committed suicide by blowing up the *Iowa*.

One of Hartwig's shipmates, whose statements had indicated that Hartwig might have been gay, changed his story before the report was issued. David Smith said Navy investigators had pressured him into saying that Hartwig had made a sexual advance towards him and had talked about how to set off an explosion.

According to officials, the report is more general than specific. The major finding was that the explosion was probably deliberate and, if so, an act of suicide. A separate investigation by the Naval Investigative Service indicated that some *Iowa* crew members said that Hartwig had threatened to commit suicide and had said he bought a detonating device.

□ Kelly Gaines

Freddie Greenfield memorial

Freddie Greenfield, Boston poet and gay liberationist died September 4, at Brigham and Women's Hospital, of cancer of the esophagus. He was 60 years old. Raised in Revere, Freddie undertook many careers, including professional boxing and working with travelling carnivals. In 1976, 'Amusement Business,' a book of poems, was published by Good Gay Poets. A volume of prose pieces, 'Were You Always a Criminal?' has just been published by Fag Rag Books. Freddie was diagnosed with cancer in 1984 and was well after an operation until this last, brief illness.

There will be a memorial service Saturday, September 30. Please check next week's *GCN* for time and place. *GCN* will present a selection of Freddie's writings and personal reminiscences by friends in an upcoming issue.

Deciphering treatment news

An interview with John James



James speaks at New York AIDS conference, July 8, 1989

By Jennie McKnight

I interviewed John James, the founder and editor of AIDS Treatment News, on August 27 at the newsletter's offices in the Castro neighborhood in San Francisco. In our conversation before the taped interview, James stressed the importance of the recent dialogue begun between AIDS activists and government officials over access to promising drugs. He said that it had dramatically changed the outlook on treatment access in general, but that the current state of flux made it difficult to make definitive statements about what is to come.

Jennie McKnight: Could you talk a little bit about how AIDS Treatment News started?

John James: AIDS Treatment News started more or less by accident. I wanted to do volunteer work in AIDS and to contribute research and writing skills, and went shopping for an organization that could use these. I went to Mobilization Against AIDS in San Francisco which referred me to Documentation of AIDS Issues and Research Foundation (DAIR), Inc. That group, incidentally, had formerly been Mobilization's Documentation and Library Committee and it had split off and become independent.

So I went to DAIR and said "What are you interested in? I can research and write little reports about whatever you want." And they said they were interested in treatments. And I said "I don't know anything about that. Give me the names of some to start with and I'll start doing some searches on computer databases and going to medical libraries, looking them up."

The president of DAIR gave me a list of about 12 experimental treatments — ones which are still talked about. Ribavirin was there, Isoprinosine, AL721, DNB, Suramin (that of course, turned into a disaster later), HPA23 (not much more interest in that). But most of those treatments which were suggested over three, almost four years ago now, are treatments that have not been definitively proven or disproven. Most of them have never been properly tested, and are still in limbo.

Anyway I started researching, and the first article that came together happened to be about AL721. It was published in the newsletter of DAIR. And because that newsletter only came out quarterly — it still comes out quarterly — one of the people there introduced me to the editor of the *San Francisco Sentinel* — which at that time was bi-weekly. So I committed to write a column about AIDS treatments every two weeks. People thought it would be impossible. What could you write about every two weeks on AIDS treatments at that time? Of course that's changed immensely.

Now it's become impossible to keep up with all the different areas and aspects. But back when AIDS Treatment News started, the title included a rebellious streak, because there weren't supposed to be any AIDS treatments. The name of the newsletter was deliberately heretical — a slap in the face to the mindset that there were no treatments for AIDS.

The newsletter did not start right away. That first article was published in *DAIR Update* in April, 1986; the first in the *Sentinel* was in May, 1986. The newsletter did not start until the following January. The

organizations except Project Inform looking into what was actually happening in the research.

The first problem with AIDS Treatment News was to not get put into the "quack" category, because any interest in treatments was considered quackery. Treatments were just not considered possible. It is a mystery how it happened that people so quickly gave up on saving lives with AIDS. I remember the death statistics — the percentage [of people diagnosed with AIDS who were expected to die] — would creep up and creep up, and then suddenly it jumped from somewhere about 30 percent to 100 percent, basically overnight in the media. Someone should research the full history of that.

And you notice that today early treatment [for AIDS] is becoming mainstream, but in virtually every other disease doctors never get tired of telling people to get diagnosis and early treatment — cancer and everything else. With infectious diseases they say the earlier you begin treatment the better. AIDS is the one exception. For physicians to propose early AIDS treatment was not reputable until within about the last year.

We basically have a failure of national commitment — a national will to save lives. And dealing with the consequences of that has really been the mission of AIDS Treatment News — pointing out the important avenues that are not being followed up, are not receiving professional attention.

Today really good treatment possibilities or ideas that are developed within the United States probably have a better than even chance of getting professional attention. But if they're developed outside the U.S., they're still unlikely to get attention here. And we still have severe problems of treatments being delayed for years due to jockeying over patent rights and commercial aspects that have nothing to do with the

News, after the Fifth International Conference on AIDS in Montreal this summer, you wrote "there will be no decisive advances in AIDS treatments by the 1990 conference in San Francisco or by 1991 in Florence either, if the design and management of trials continue as it is going today." That was a couple of months ago, and you've mentioned that there's a lot changing currently. Is there any way that you would amend that statement, or is it pretty much still true?

Well unfortunately, it's largely still true. There is a major change — which is a minor amendment to that statement — and that is that very good and productive dialogue is taking place over the issue of early access to DDI and developing a parallel track for access to experimental treatments while trials are going on. Now the question, though, is how well this is going to work in practice. How many people — of the people who need the treatment — are going to get it? For example, early access to DDI is foreseen to include about 5,000 people whereas estimates are that 25 or 30,000 might need it.

And who would be those 5,000 — at least in the early discussions?

We hope — and it may be the case — that the people who have no other option, because they cannot take AZT or because AZT is no longer working for them, should be the first ones to get DDI. We should point out here that there are serious concerns about DDI causing peripheral neuropathy. Probably at this point the people who can use AZT are the lucky ones. Until we know more about DDI, it has to be used with great care. But you see there are different issues here. One is the issue of whether the treatment is safe for use. The other part of it is that there is a mentality of



New York AIDS conference, July 1989. (L to R) James, Stuart Nightingale, Bopper Deyton, Michael Callen, Mathilde Krim, Anthony Fauci, Samuel Broder, Don Abrams and Burton Lee.

medical and scientific feasibility of the treatment.

Once the treatment does get serious attention then what I call the "body count" design of trials — that look for death and serious illness — usually take two years or more after they have been fully recruited. What that means is that from a good idea to anything practical is still years away. We can look into the future and see that many tens of thousands of deaths are inevitable that could be avoided if these impediments to treatment development could be overcome.

Today we have a far better dialogue over these issues than we had before. We have people thinking seriously about changing research and treatment-access policies. But looking into the future it's hard to see how this serious thinking is going to be implemented in practice, how any results will get out to thousands of people in time. It could be done if there was a commitment to deal with the AIDS epidemic as a national emergency, but because that commitment is still defective — it's much better than it used to be but it's still defective — AIDS Treatment News will continue to point these issues out.

In a recent issue of AIDS Treatment

rationing. This sense of rationing takes place even if there is no production difficulty. If there is a production difficulty then surely you have to look at rationing to get it first to the people who need it the most. But there is a rationing mentality even when the only limitations are bureaucratic. This is a separate issue entirely from the safety issue. You may want to go slow on the treatment for legitimate safety concerns; such caution should not be confused with, for example, not giving DDI to certain people because you would then have to give it to other people and the company can't spend that much money.

I should just say that what is the most important good news about the parallel track is that there's a much better dialogue between government officials and AIDS activists — such as the Treatment and Data Committee of ACT UP/New York — and primary care physicians who in the past have not had much involvement in reviewing the design of clinical trials. And that is very unfortunate because often the primary care physicians can see problems that make a trial unworkable in practice such that the patients who are qualified would be those whose doctors would not see it in their patients' interests.

Continued on page 11

WARNING:

SEVERAL MEN HAVE BEEN SERIOUSLY ASSAULTED IN THE FENS THIS SUMMER.

If you enter the Fens, carry a whistle.
Do not hesitate to use it.
Trust your feelings.

Contact 911 to report any crime
or suspicious activity.
In addition, report it to:

Fenway Community Health Center's
Victim Recovery Program
Joyce Collier or Stephen LeBlanc
617-267-0900

GCN Job Opening

Staff Writer/Circula- tion Co-Coordinator

Available in October/November. Research, investigate and write news stories about Boston/New England and also stories with a national scope. May include some analytical/feature writing as well. Share responsibilities with other staff writer for coordinating weekly mailing of paper and processing subscriptions.

Qualifications: Strong writing skills and ability to write several stories under weekly deadline pressure. Knowledge of local/national lesbian and gay community and issues helpful. Strong organizational and record keeping skills and knowledge of data entry and/or computers also helpful.

Deadline for application: October 6, 1989

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To apply: Please send resume and cover letter to:

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62 Berkeley Street
Boston, MA 02116

"Community Voices" and "Speaking Out" are parts of our efforts to provide a true forum of opinion for the community. We encourage you to send your ideas, feelings and comments to us, and to respond to ideas expressed in this space. We welcome all contributions except personal attacks. Copies of letters and "Speaking Out" contributions sent elsewhere are printed on a space-available basis. GCN reserves the right to edit letters and "Speaking Out" contributions for length and clarity, in consultation with the author. The opinions expressed are those of the author and are not intended to represent the views of the GCN membership.

Letter and "Speaking Out" contributions must be TYPED and DOUBLE-SPACED. Letters can be NO LONGER THAN TWO PAGES. "Speaking Out" contributions can be NO LONGER THAN FOUR PAGES. Send to: Community Voices or Speaking Out, GCN, 62 Berkeley Street, Boston, MA 02116.

Gay Community News is produced by a collective dedicated to providing coverage of events and news in the interest of gay and lesbian liberation. The collective consists of a paid staff of ten, a general membership of volunteers, and a board of directors elected by the membership.

Opinions reflected in "editorials" represent the views of the paid staff collective. Signed letters and columns represent the views and opinions of the authors only. We encourage all readers to send us comments, criticism, and information, and to volunteer and become members.

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— Sue Hyde

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Why join the mainstream?

Dear GCN:

Time magazine behavior reporters recently asked, "Is the Gay Revolution a Flop?", responding to a new book, *After the Ball: How America Will Conquer Its Fear and Hatred of Gays in the '90s* by gay psychologists Marshall Kirk and Hunter Madsen.

The psychologists think so. They recommend that gays, to make strides in society, blend in with the "mainstream." Why any gay person would want to join the "mainstream" with all its inherent pressures to stay in line, not to rock the boat, is beyond us. What do they want? A nation of zombies?

It is better to ask: Is the "mainstream" a flop? We think so, because gay rights got nowhere until gay men and women moved out of the stagnant mainstream (read closet) and into the turbulence of the stream itself.

The gay revolution flowed along well before the Stonewall Rebellion in 1969. That incident only gave the movement much needed impetus.

Gay scholar and openly gay lawyer Karl Heirich Ulrichs (1825-1895), whose birthday gay people celebrate August 28, began this open revolution in the 1860s. He publicly, for the first time, urged gay people to stand up for their inalienable rights and to work for reform of oppressive, muddy laws. He was the first to come out of the closet and call for others to follow his lead. The task was no easier, or more difficult, for him in 1860s Germany than it is for us today.

His was one lonely voice, a trickle in the stream as it were. Because he dared to speak and write about homosexuality, others were emboldened to enter the river of dialogue that has continued to rush to the present.

Today, you can hear hundreds of thousands of gay voices. Beginning with Ulrichs, they look at their roots and realize homosexuality always exists everywhere. They are pushing the revolution onward. It would be a mistake to silence or even lower those voices until the revolution is truly over and gay men and women can live in peace.

No, the revolution is not a "flop." People read in Ulrichs' books that homosexuality is no crime, sin or shame, and not a physical or psychological ailment. His news is that gay people are not sick heterosexuals — a revolutionary thought a century ago.

And since he first wrote that, the revolution proceeds, gaining strength each year as more and more gay men and women reach that same conclusion. The battles Ulrichs began will continue until there are no more closets, until the river runs freely for all gay people.

On August 28 celebrate with us wherever you are this day that saw the birth of Karl Heinrich Ulrichs, our first revolutionary.

If your readers would like to know more about Ulrichs' life and works, please write to Urania Manuscripts, 6858 Arthur Court, Jacksonville, Florida 32211, or call (904) 744-7879.

Sincerely,
Paul J. Nash
Michael A. Lombardi
Jacksonville, Fla.

The Mapplethorpe controversy

[GCN received a copy of this commentary from the Rainbow Lobby, an independent citizen's lobby that is associated with the New Alliance Party. — Ed.]

Dear GCN:

Two weeks ago, the Senate voted to bar the National Endowment for the Arts from supporting "obscene or indecent" work and cut off Federal funding to two arts groups. The move, initiated by Jesse Helms, was prompted by NEA-support of arts groups who mounted exhibitions of the work of artists Robert Mapplethorpe and Andres Serrano and is the latest obscene expression of the on-going attack by the Right Wing on gay people and on basic democratic rights.

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The implications of widespread HIV testing for prisoners and the uninsured

By Judy Greenspan

The recent (long overdue) announcement by federal public health officials that AZT delays the onset of AIDS and all those at risk should be tested right away, coupled with a press conference by the Gay Men's Health Crisis (GMHC) calling for widespread voluntary HIV testing could have disastrous implications for prisoners, IV drug users and poor people throughout this country.

In fact, ever since the Montreal AIDS conference, more and more health educators, scientists and AIDS service agencies have come out strongly advocating that everyone be tested for HIV. And at the Montreal conference, the Food and Drug Administration (FDA) took the opportunity to announce approval of more drugs like aerosolized pentamidine and gancyclovir to fight AIDS.

Why should widespread testing and treatment be a problem? Shouldn't everyone welcome this new approach to fighting AIDS? Prison and jail administrators have been conducting widespread HIV testing of prisoners for several years now. This testing has given rise to the most horrendous scenarios for HIV-infected prisoners. Fourteen states do forced testing but almost every state at this point has some mandatory testing scheme for prisoners. They either test all pregnant mothers or those charged with sex or drug-related crimes. Six states currently segregate all HIV-infected prisoners in AIDS dorms where they are denied jobs, vocational education and equal programming. Because of their segregation, everyone in the prison knows who is HIV positive, and seropositive prisoners are discriminated against by prison and parole authorities. Twenty states segregate prisoners who have full-blown AIDS regardless of whether they are ill.

Medical care for prisoners with HIV infection is too little too late. Often prisoners are denied FDA-approved drugs until they are on their death beds. Many jails do not even provide AZT to symptomatic prisoners. A recent study by the New York State prison system admitted that because of substandard medical care, prisoners with AIDS live one-half as long as PWAs on the streets. Many prison doctors know nothing about the disease and even less about what drugs are appropriate to

fight its opportunistic infections.

Even in those states where there is no segregation or forced testing, prisoners who voluntarily test find out their medical information is public knowledge which follows them long after they have left the prison system. And, of course, in many states, there is no confidential testing and test results are kept by public health departments, parole boards and the like. *Many HIV positive prisoners cannot get out on parole because no one will hire them.*

I am equally concerned about the movement for wider testing and its effect on the Black, Latino, Native American and other Third World and poor communities in this country. The public health officials who have so casually announced that AZT should be made available to over 650,000 asymptomatic people, seem to forget that AZT is only available to those people who can pay \$8-10,000 a year. Most poor people do not have access to this treatment or any other drugs. Just last year, states ran out of money to pay for AZT and had to apply for emergency grants to the federal government. With the news about AZT and testing, it will cost billions of dollars to treat those who need it. Will the government subsidize the medical treatment of thousands of poor and working people in this country? And it is estimated that more and more HIV-infected people are poor people who cannot afford to go to doctors and have little or no access to medical care. Just to ask the question is to answer it.

Last year, when the much-touted federal AIDS research and testing bill was passed (Health Omnibus Bill), it had already been stripped of a critical non-discrimination clause. In its place was a mandatory testing measure for prisoners convicted of sex and drug-related offenses. Who will guarantee non-discrimination against the Black, Latino, Native and other oppressed communities should thousands come forward to be tested? Experience has already shown that people have been thrown out of jobs, federal drug treatment programs, homeless shelters and apartments for being HIV-positive.

It is a welcome sign that more drugs are approved and available. But we should be careful not to fall into the government's "wider testing" trap. It could lead to a hey-

day for the advocates of contact tracing and criminalization of HIV infection. We must now demand that the drug companies and the federal government subsidize the necessary drug treatments. These drugs should be free or cost no more than ordinary aspirin so that the million and a half people estimated to be HIV infected have access to them. These drugs must be available in the community medical clinics in every city, town and reservation and also in the prisons. Any testing offered must be voluntary, confidential, free and coupled with pre- and post-test counseling. Public health advocates must be acutely aware of the perils of widespread testing in the prisons. Voluntary is not yet a word that exists in the prison administrators' vocabulary and counseling is almost nonexistent.

Any campaign for drugs and treatment must include a demand for quality and accessible health care for all people, especially those who can't afford it. This demand more than any other will unite us all — gay, lesbian, straight, Black, Latino, Native, Asian and white, working and poor, prisoners, IV drug users, hemophiliacs, prostitutes — as we join together to fight AIDS.

I therefore call upon health educators and AIDS activists, community organizations and corrections administrations to actively support the following program for people both inside and outside prison:

- Voluntary/consensual testing with unbiased pre- and post-test counseling
- An end to all mandatory (including routine) HIV antibody testing and segregation policies
- Guarantees of test confidentiality
- Availability of HIV/AIDS treatment drugs approved by the FDA and continuing medical care for asymptomatic HIV-infected persons, with federal and state government funding of such treatment for all who need them
- comprehensive, on-going and relevant AIDS education for prisoners and outside communities as an important tool to combat AIDS.

Judy Greenspan is the ACLU National Prison Project's AIDS information coordinator.

The Mapplethorpe exhibition and the Right Wing's response to it has provoked a vociferous public debate on what kind of artistic activity deserves public funding in this country. However, the debate is noticeably not happening in Congress — the very place where the public policy is actually set. According to the *New York Times* restrictive amendments were approved by the Appropriations Committee without debate. While Senate supporters of the arts community remained silent as the measure reached the floor, Jesse Helms stood up and introduced an additional amendment to ban grants to "obscene or indecent" art work. The Senate approved the rider by voice vote.

Where was the Senate opposition? They said that they feared debate would only "make matters worse" and they are hoping they can do some horse-trading to remove the Helms amendment at a later stage in the legislative process.

This argument is used everywhere in Washington nowadays. They say you can't come out with an uncompromising progressive position, that it's a sure loser, that you have to play the insider game in order to keep any basic democratic rights at all. This defensive position is shared by "liberal" lawmakers and lobbyists alike. In the name of pragmatism, they refuse to fight openly for basic democratic rights, and in effect roll over and die in the face of ascendent fascism.

This is how we're losing not only freedom of expression, but abortion rights, civil rights and all the other hard-won gains of 200 years of struggle. To protect and expand these rights, we need more democracy. The current electoral process does not give us the leverage to pry our elected officials out of

their seats to articulate the real and conflicted sentiments (as opposed to the myths of the Right Wing) of their constituents on what is decent and what should be supported. Congress can remain silent without fear of voter backlash, because participatory democracy has been seriously impaired through the flood of PAC money, discriminatory ballot access laws, and biased media coverage of electoral campaigns. Bills like the Fair Elections Act and the Universal Voter Registration Act expand and strengthen democracy, and open up the political process to those who have been shut out.

The Rainbow Lobby fervently believes that the fight for democracy is not only the fight for freedom of expression, but is the fight for fairness. That means the inclusion of gays and lesbians, African Americans, Native Americans, Latinos, women and others who are noticeably absent, both from the walls of the Corcoran Gallery of Art and the Halls of Congress.

Nancy Ross
Washington, D.C.

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Please send letter of interest and resume (or description of work experiences and community involvement) to: Natalie Diffloth, Coordinating Editor, Gay Community News, 62 Berkeley St., Boston, MA 02116.

Flicks, picks and dicks

The Fifth Annual Boston Film Festival

The Fifth Annual Boston Film Festival. All films at Loews Copley Square Theater, Sept. 14-21. (Featuring *Apartment 0*, the 14th, 15th; *Urinal* and *Dick*, 16th. *Romero*, 17th, 21st; *A Dry White Season*, 17th, 18th; *Daughter of the Nile*, 18th, 20th; *Rouge of the North*, 19th, 20th; *First Date*, 19th, 20th; *Summer Vacation: 1999*, 20th, 21st.) Call for times.

By Michael Bronski

If you're sick of the summer antics of Batman and Vicki, Indy and his dad, Mel Gibson and Danny Glover, and Tom Hanks and his stupid hound dog friend, relief is in sight. The Boston film festival — booked, for the most part, by George Mansour — will begin screening more than 80 films during the week of September 14 to 21. Here are a few films *GCN* readers will want to watch out for in particular, especially since not all of the movies will have full-fledged commercial releases in the Boston area.

Summer Vacation: 1999 is definitely one

of the original and intriguing movies of the past year. Directed by Shusuke Kaneko, the film is set in the "pseudo-future"

hool for Japanese boys during the summer recess when there are only four students left to their own devices and longings. Eroticism seems to hang in the air and the film opens with the suicide of one of the boys after he is sexually rejected by his best friend. But what looks as though it might be a sentimental teen-angst film quickly becomes a weird Gothic revenge thriller as a new student — innocent and looking alarmingly like his dead predecessor — turns up and begins to cause psychological havoc.



Kazuhiko (Tomoko Otakura, L) and Yu (Eri Miyagima) in *Summer Vacation: 1999*

Summer Vacation: 1999 is all the more interesting because director Kaneko has cast all of the boy roles with girls. Fraught with an androgynous sexuality, the film offers a complex visual experience and reveals a firm, if very odd, grasp on the emotional lives of its characters. It is difficult to say exactly what all of this means — the movie is as elusive in its intentions as the ever changing perceptions of its characters — but *Summer Vacation: 1999* is beautifully filmed, emotionally pungent and certainly one-of-a-kind look at adolescence, and the stirrings of evil and eroticism.

Evil and eroticism are also the underpinnings of Martin Donovan's *Apartment 0*. Set in contemporary Buenos Aires, it tells the story of a shy, repressed gay owner of a movie house (Colin Firth) who is obsessed with Hollywood movies and male stars. He takes in a roommate (Hart Bochner), only to find that life can be stranger than anything that appears on the screen. Clearly taking clues from such classic thrillers as *Strangers on a Train*, *Psycho*, and *Rope* (all of which are by Alfred Hitchcock), *Apartment 0* is a calculated attempt to combine the sensibility of the Hollywood psycho-noir with an honest examination of sexual desire's connection with imagination and movies.

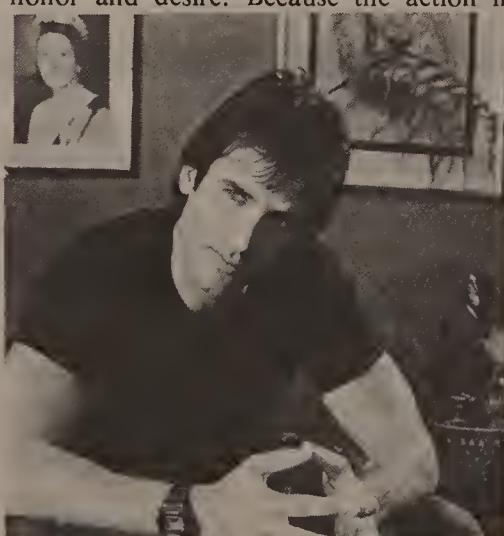
Although not available at press time, the independently produced Canadian film *Urinal*, which features the adventures of an undercover "gay" agent named Dorian Gray, might be worth checking out. Coming to the festival as a hit from gay festivals around the country, it offers an odd mix of camp and thrills.

Two political, although not gay, films are also playing the festival. *A Dry White Season* is the new film by Martinique director Euzhan Palcy. Palcy's first feature film, *Sugar Cane Alley*, was lauded as one of the best independent features of the 1983 season.

and in this, her first major production, she fulfills the promise she made then. Set in 1976 South Africa, *A Dry White Season* tells the story of a white, middle-class teacher (Donald Sutherland) who begins to come to terms with his own self-enforced ignorance and passivity. But unlike *Cry Freedom* and *A World Apart* — Hollywood's past attempts to deal with apartheid — *A Dry White Season* focuses as much on the Black community's political organizing and situation as on its white protagonist. It is also refreshing to see a white character in this context who is not the moral center of the film; Sutherland's initial blindness to what is going on around him is as potent a political statement as his later radicalization. *A Dry White Season* is also notable for bringing Marlon Brando back to the screen and his portrayal of an anti-apartheid lawyer is a piece of magnificent acting.

James Duigan's *Romero*, starring Raul Julia, is an honest re-telling of the life, politicization and assassination of Salvadoran archbishop Oscar Romero. Although the film generally avoids polemics, it does tend to make something of an icon out of Romero. This tendency is kept in check by Julia's beautifully modulated performance which begins quietly and ends with emotional fireworks. What *Romero* does do very well is explicate the intricacies of liberation theology and its relationship to both the aristocracy and peasant populations of El Salvador. That the film was financed by Paulist Pictures — a U.S. company started by Fr. Ellwood Kieser to promote "substantive works rich in human values" — is amazing, since it promotes uncritically the very "liberation theology" which has been attacked by both the Vatican and many segments of the North American clergy. If *Romero* is a little too pat at times — the parallels between its main character and the sufferings of Christ get a little obvious — it is ultimately effective and moving.

Also of great interest, although, again, lacking gay content, are a group of contemporary Taiwanese films having U.S. premieres at the festival. *Daughter of the Nile* is the story of a young woman whose fantasy life prevents her from seeing the reality of the world around her and the danger that her own brother faces when he becomes involved in a youth-gang in Taiwan's underground. *Rouge of the North* is a beautifully filmed story of three generations of rural and city folk. It focuses on a woman forced into a disastrous arranged marriage and how she attempts to avenge her stolen honor and desire. Because the action in



Hart Bochner in *Apartment 0*

Rouge of the North takes place over several decades, the film has a leisurely feeling of traditional Hollywood family sagas — especially those of Douglas Sirk — which makes it both strange and familiar at the same time. More than any of the other Taiwanese films, *First Date* displays explicitly an underlying tension between Asian and western culture. The story of a young boy who wants to become a writer and a rock and roller — much to the annoyance of his more traditionally minded family — *First Date* is a look at how popular culture can be both a liberating as well as an alienating force in someone's life.

Acculturation is also the subject of *Dick*, a short film made by two British women (there were no program notes available at the screening) which focuses — quite closely — on, well, dicks. While the film's visuals are essentially a slide show of dick after dick after dick, all neatly filling up the screen, the soundtrack is composed of inter-

Continued on page 7

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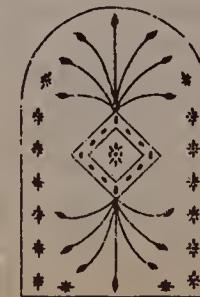
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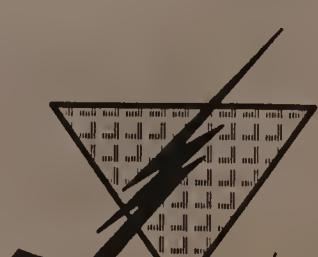
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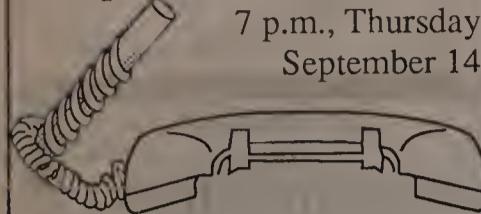
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Hets, lies, and celluloid

Steven Soderbergh's film is a lot of gimmick with subtext as traditional as they come

sex, lies, and videotape. Directed by Steven Soderbergh. With Andie MacDowell, Peter Gallagher, Laura San Giacomo, and James Spader. At the Nickelodeon and Harvard Square Loews Boston area theaters.

By Elizabeth Pincus

Despite an arty veneer that hints at sophisticated complexities, *sex, lies, and videotape* delivers its few points with the subtlety of a sledge hammer: some women are "frigid" and can be "cured" by the right man; some women are "sluts" and need a good fuck to be satisfied; some men are pathologically duplicitous but an honest woman can bring them around; and sensitive, monogamous heterosexuality is the ticket to emotional well-being.

Now, I'm not knocking sensitivity, but I do cry "Hex!" on another cultural product

that glorifies the moral/sexual status quo while posturing as somehow erotically cutting edge. *sex, lies, and videotape* is a lot of gimmick with a subtext as traditional as they come. It reminds me of another current *thirtysomething*-esque release, *When Harry Met Sally...*, in which materially comfortable people, with nothing on their minds except relationships, mope around obsessing on each other. (Only to discover that, yes, women and men can be friends, but it's even better if they marry.) For all the hype, *sex, lies, and videotape* fails to dish up anything more sexually explicit than exuberant sweating and a lot of talk about masturbation. At least Sally (of Harry and

clarified. What does he lie about, and how does that make him impotent? Why does it drive him to addictive videotaping? And where does Graham, a beguiling figure to the reserved Ann, get his money? His hokey bohemianism (black shirts and wanderlust) rings entirely false in the absence of any explanation for his privileged leisure.

The other characterizations are fairly stock, as well, with no subtlety to their stereotyped motivations. Bow-tied John cuts a cartoon figure as an ambitious attorney, while Cynthia and Ann seem driven by the most cliched set of impulses since Eve bit into the apple. Ann, prim, clean and swathed in long pale dresses, just wants a secure marriage to a junior partner; rambunctious Cynthia, who smokes, sweats and struts about in miniskirts, wants sex. It's a classic virgin/whore dichotomy, with the movie's sympathies falling squarely to Ann as she stumblingly copes with her sexuality. There are a few interesting moments here, perhaps due to MacDowell's engagingly bashful performance, such as the bedroom scene between Ann and John which evokes the "crazed housewife" terror of the Charlotte Perkins Gilman novella, *The Yellow Wallpaper*.

Still, how perceptive can Soderbergh be about women's sexuality when he includes this scenario: Cynthia gets incredibly hot while being videotaped, and we find out she masturbates on camera. Then she rushes off to have sex with John because, presumably, the experience isn't complete without a penis. She already had the orgasm(s), right?



Andie MacDowell and James Spader (L), Laura San Giacomo and Peter Gallagher (R) in *sex, lies, and videotape*

Sally) gets to show us her best performance art orgasm.

This is not to say that I didn't appreciate watching parts of *sex, lies, and videotape*, the underdog hit by newcomer Steven Soderbergh. I was impressed by his manipulative direction; after all, he managed to make an improbably suspenseful film based almost entirely on the question of who's zooming who. I was especially swept along during the movie's opening sequences when the camera lingers on one set of characters while voice-overs from the next scene tease us into the action. It works to set an eerie tone of stillness and mystery. Besides, my lesbian gaze could never tire of lead actor Andie MacDowell's dewdrop face.

But after the enticing introduction of the four main characters — Ann (MacDowell), her husband John (Peter Gallagher), her sister Cynthia (Laura San Giacomo), and John's college friend Graham (James Spader) — *sex, lies, and videotape* fizzles into nonsense. For example, the hubbub about Graham's compulsive lying is never

So why does she need John, who we're led to believe she doesn't like much anyway? It makes no sense.

Neither does the climactic scene between Ann and Graham when she turns the camera on him. Even after a second viewing I couldn't follow the course of this conversation in which Ann, transformed into a black shirt-wearer herself, convinces Graham that he can participate in a healthy relationship without the aid of a camera. Suddenly, Ann is liberated (she has a job), Graham is cured (no more videotape!), and the film ends with commentary on the gently falling rain. I preferred the opening of *sex, lies, and videotape*, with its discussion of proliferating garbage. Indeed. □

Film Fest

Continued from page 6

views with a number of apparently heterosexual women on their feelings about dick: when did they first see one, how does it feel to them, do they like big or small, and would they like one. The answers are surprising and mostly funny in an honest but nervy sort of way and the juxtaposition with the images are quite startling. The final impact of the film is to both desexualize the image of a dick and to sexualize the talk, so that the usual film expectations (to get turned on by

pictures but learn through the dialogue) are turned on their head. What makes this the gayest film at the festival is that all of the leading characters — well, parts of all of the leading characters — were filmed at San Francisco gay bars.

Now that summer is at an end, it's time to come out of the Batcave and stop keeping up with the Joneses. There are few enough thoughtful, interesting and invigorating films around, so check out some of these. □

By Rodger Pettyjohn

As a person who has been living with an AIDS diagnosis for two years and three months now, I have twice been confronted with homelessness. I would like to take you on this very personal odyssey in an attempt to give you a perspective from the "other side." In doing so I am reminded of Elie Wiesel's writings on the Nazi Holocaust in which he says "Whoever has not lived through the event can never know it. And whoever has lived through it can never fully reveal it."

In January of 1987 I was diagnosed with an AIDS-related encephalopathy. This official diagnosis had come after several months of declining health during which I had had to stop working as a Registered Nurse in a Neonatal Intensive Care Unit, had exhausted my sick time benefits, and had depleted my personal savings. So by the time the official criteria was met for a disability diagnosis, I was destitute. After twenty years in the work force, my federal disability pension amounted to a little over \$600. It was obvious that I could no longer afford my high rise apartment which overlooked the beautiful San Francisco Civic Center with a panoramic view of the Golden Gate Bridge to the mountains of the Valley.

Having been confronted with the AIDS epidemic on a professional level since the first case at the University of California at San Francisco Hospital had been seen in 1979; having personally experienced this horrid disease in the deaths of already then five close friends (and countless other friends of friends); and now being faced with having to myself move into a communal housing shelter, I decided that the best choice was suicide. I emphasize that I have been for many years — and continue to be — a supporter of active, as well as passive, euthanasia. So my decision for suicide was not merely out of depression or a desperate act. I saw it as a loving act intended to spare myself and those I love from having to endure what I then saw as only a hopeless future.

In accordance to the rules I had established for myself regarding euthanasia, I called an old friend who lived here in New York to discuss the idea. We had had the discussion before and I trusted him to understand. In the course of our first conversations, he remarked that while he understood my thoughts and feelings, he was concerned that I was making the decision too quickly. Since it was the issue of finances and housing that was pressuring me the most, he suggested that I come to New York and live with him while I took time to sort things out clearly. It seemed like such a radical idea at first. A dying man moving all the way across the country! Yet, I realized that while on one level I was willing to die rather than face the humiliation of such a disabling illness, I wanted to live.

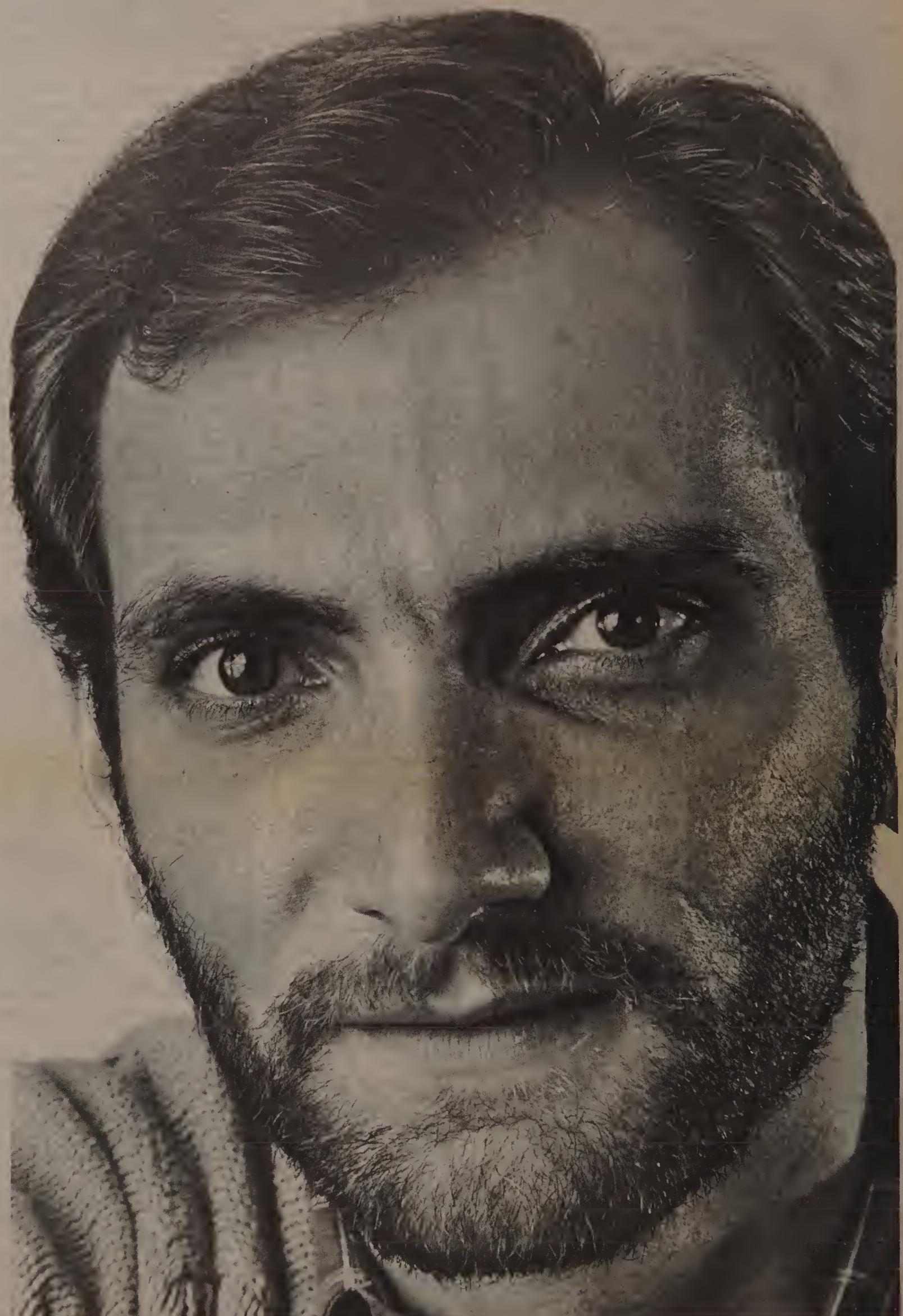
I had always said that "someday" I would live in New York. My friend lived on the Upper East Side of Manhattan — not a bad address — and it certainly, in my mind, then, beat a commune of other AIDS patients in San Francisco. We discussed the fact that if I made such a move, it would be because I was resolved to fight and that I would continue as long as I was able to function freely on my own. He agreed with this and offered his support, financially as well as emotionally. My first crisis with homelessness was resolved.

When I arrived in New York, I expected that like my friends before, I would have six months to a year of relatively good health and that when the inevitable decline began I would simply and peacefully bring my life to an end. During those first months, I became involved with several AIDS organizations. The first time I went to a dinner for PWAs, I was shocked. I had expected to walk into a depressing setting with a lot of very sick people. Instead, I entered a beautiful room with flowers on the tables and lots of very attractive, healthy looking men! My first thought was "Gee, they have a lot of volunteers here!"

Eventually, through my involvement with other organizations such as the People with AIDS Coalition, I realized that I had a very skewed understanding of AIDS. Professionally, I had only seen very sick individuals suffering in hospital beds and this image had been constantly re-inforced by the media. Personally, the trauma of seeing young friends become ill had been so overwhelming emotionally that I had only seen the worst. Slowly, I came to realize that there was a whole other side to AIDS of which I

Fighting for Housing and Dignity

Rodger Pettyjohn talks about his brush with suicide and homelessness, and about the AIDS social service bureaucracy that can be as dangerous to PWAs as AIDS itself



Rodger Pettyjohn is a registered nurse who currently volunteers with the Community Health Project in

New York City. He is the former musical director of the Lesbian/Gay Chorus of San Francisco and the co-founder

and former managing director of the Society of Gay and Lesbian Composers.

His AIDS activism includes facilitating support groups for Body Positive of New York, writing for the

PWA Coalition's Newsline, and participating in ACT UP demonstrations in Washington and New York. Petty-

john is also a member of the PWA Speakers' Bureau; he presented the following talk on April 4 of this year before

the annual meeting of the Orthopsychiatric Association in New York.

was ignorant. There were people who were and are surviving and thriving with AIDS. Despite the professional and media rap that AIDS is 100 percent fatal, there are people who have been alive for three, four, and even five years. In fact, we now have 15 percent that have survived five years or longer. This is not to deny the reality that this figure also means that 85 percent are dead but, when it is your own life on the line, there is a hell of a big difference between 85 and 100 percent. What is even more important is to know that most of this number are leading happy and productive lives despite the limitations caused by this disease and the social hysteria that surrounds it.

As the months passed, I not only didn't get sicker, I got better. Unfortunately, I began to perceive that the better I got, the more estranged my relationship with my friend became. Finally, after several weeks of passive-aggressive behavior on both of our parts, it came to a head. He told me that when he invited me here, it was because he "knew" that I would be dead in six to 18 months, just like the statistics said. I will never forget his words: "So the bottom line is, Rodger, dead or out in 18 months." I couldn't believe my ears. When I brought this issue up at my support group I was amazed to learn that this is a typical situation for anyone who survives for more than a year. Apparently, my friend, like many others, had set up a grand Rescuer-Victim game and I had had the audacity not to play my assigned role.

Despite my attempts at joint therapy to resolve issues, the living arrangements for me there became impossible and my once good friend ordered me out on or before March 1. My financial counselor at Gay Men's Health Crisis (GMHC) put me in touch with the Department of AIDS Services (DAS) for the City of New York's Human Resource Administration. I informed my case worker that as of March 1, 1988, I had no place to live. She told me that the city would provide me with a room at a local YMCA while I looked for my own apartment.

By the time I met the official criteria for a disability diagnosis, I was destitute. After 20 years in the work force, my federal disability pension amounted to a little over \$600 a month.

ment. The day before, I called her to double check the arrangements and she told me just to come down to the office the next day and they would take care of everything. I arrived at the welfare office that next afternoon with a small bag of clothes and personal belongings, having sent most of what few belongings I had left to storage. When my case worker saw me, she said, "Mr. Pettyjohn, where have you been? You were supposed to be here at 10 a.m. It's too late now to make arrangements for today." Nobody had told me any set time to arrive and it was at that moment that it hit me: I was literally homeless and there was nothing this bureaucrat was going to do about it. I, an honors university graduate, a professional person, was standing in a welfare office with absolutely no place to call my own, and no money to be able to do anything about it. You can not even imagine the depth of hopelessness that came over me at that moment. To this day, I can not pass a homeless person on the street, which in New York City means practically every block, without remembering — and seeing that hopelessness in their eyes.

In my case, I was able to call another friend, explain the absurdity of the situation, and have a couch to crash on for the night. I wonder what I would have done had that not been possible. I know there are those who don't have this option.

The next day I was waiting at the door of the welfare office when it opened and my case was dutifully processed. Finally late that afternoon, I was sent off to the YMCA with the prized voucher. My room there was very small and drab — barely big enough for the twin bed and dresser it contained. The view of the littered alley was a far cry from the Golden Gate Bridge view I had once enjoyed. There was one large bathroom and shower on each floor. Since there was no kitchen or refrigerators, all meals had to be eaten out. To cover the expenses, I was allotted \$12 per day by DAS. Imagine trying

STRUGGLE *and*

H O P E

THE PWA JOURNALS

to get three nutritious meals a day in New York City for \$12 a day.

Regulations, for whatever reasons, limit a stay at the "Y" to 25 days. Having heard the horror stories from other persons with AIDS of the Single Room Occupancy hotels — which were the next official stop after the "Y" — I was anxious to find my own apartment before a move was necessary. The guidelines from DAS provide for a maximum rental allowance of \$480 per month. I don't know by whom or when this guideline was established, but it is ridiculously out of sync with current New York rents where one room apartments in most areas begin at \$1,000 per month. My caseworker advised me that they could submit a lease for over this amount and that they had been getting approval for up to \$600-700 per month. But each case required individual approval and there were no guarantees.

Apartment hunting in New York is bad enough without such limitations. Add to these an illness that — on the good days — makes a single flight of stairs an effort, and you have a near impossible task. My searching was additionally hindered by such prac-

As the months passed, I not only didn't get sicker, I got better. Unfortunately, I began to perceive that the better I got, the more estranged my relationship with my friend became. Finally, he told me that he had invited me to stay with him because he "knew" that I would be dead in six to 18 months.

tical matters as having no phone for prospective landlords to reach me and the expense of travel all over New York on an already tightly stretched budget. Additionally, the vast majority of apartments in New York are shown through realtors at a fee of 15 percent or more. The DAS will only pay a 12 percent realtor's fee which means, the services and apartments of a realtor are unavailable. After two months of exhaustive searching, I finally found a studio apartment for \$600 in Brooklyn, but the nightmare was hardly over.

One of the "Catch 22s" of the system is that in order to get a lease approved by DAS, you have to have a lease or a letter from the landlord or realtor. I doubt there are many

landlords in New York or anywhere to whom you can say "Hi, I'm a person with AIDS, living on welfare, and I'd like to rent this apartment" with any real hope of getting it. I was fortunate to have a friend who would pose as my employer and another who would lend me money for the deposit. Having to resort to lying and cheating in order to survive is extremely demeaning but I saw no other way to provide for myself within the limitations the system currently provides. Had the lease not been approved, I would have been unable to reimburse the loan from my friend and stuck with a lease on an apartment I could not afford.

Fortunately, it was approved. Now moved into that apartment, with a combined income from DAS and SSD (Social Security Disability) of \$912, I have \$312 after the rent is paid to cover utilities, food, clothing, and other personal expenses. According to New York guidelines, this is sufficient for a single person. Again, I don't know by whom and when these figures were calculated but they are totally inadequate to meet costs in the city as any fool can readily understand. I am constantly amazed that the various bureaucrats can actually look another human being in the face and act as if this meager allowance is sufficient.

It took me several months to recover from both the emotional assault and the physical exhaustion of the move. Now, I would like to return to work. However, as my energy levels will only allow for part-time employment, I am faced with a new dilemma within the system. There is no such thing as partial disability. As long as I am unemployed because of a disability, I am eligible for Medicaid which meets my considerable monthly expenses for medications, lab work, and physician visits. However, if I return to work, even just part-time, I would no longer qualify for Medicaid. Since there is not an insurance company in the world that would cover me now at an affordable premium, I would have to pay all my medical expenses myself and the cost of this would be so great that I would have less than the \$300 a month I am now somehow living on. In attempting to explain the ridiculousness of the system's logic to a caseworker, I was told "Honey, why don't you just calm down and enjoy whatever last few months you have and stop causing all this trouble?"

I am not going to stop causing trouble. Not until our glorious system stops playing bureaucratic games with people's lives. There are probably as many as 5,000 homeless people with AIDS in New York alone. The horror stories we hear daily at the Coalition and other AIDS support organizations make my own seem trivial. As long as there is breath and energy in this body, I will fight for the right to be a person with dignity and I will oppose a mentality that prejudgets a person's worth based on ignorance and mis-

I doubt there are many landlords in New York or anywhere to whom you can say, "Hi, I'm a person with AIDS, living on welfare, and I'd like to rent this apartment" with any real hope of getting it.

understanding.

When you live and work on a daily basis with AIDS and the entire spectrum of HIV-related concerns — which our society has not even begun to comprehend — you come to realize the system is presently killing as many people as the virus because the seemingly endless bureaucratic hassles connected with surviving this disease make dying attractive. This is a national disgrace. We can no longer hide our faces in the sand and allow such to continue. It has to be said over and over again that we are in this place today primarily due to the failure of the supposed leadership in this country to adequately address the realities of the issue. HIV is not going away tomorrow, nor can there be any real hope in a cure or vaccine for at least another two decades. Not only are we going to see more and more people diagnosed, but due to improved patient management and treatment, many will be living longer and with varying degrees of limitations.

Issues such as AIDS and homelessness are not going to be solved with bandaids. They can not be addressed merely as medical or social issues because they are being used in this country as political warfare. That mentality has to be brought to a halt. As healthcare professionals, we should be a part of the leadership and the solution to these problems but when we choose to ignore the politics and succumb to that mentality, we only fuel the problem.

There are probably as many as 5,000 homeless people with AIDS in New York alone. The horror stories we hear daily at the PWA Coalition and other AIDS support organizations make my own seem trivial.

I like to think I am still an optimist. But when I look into the future, the picture I see isn't very pretty. Sometimes, I wonder if it is not prophetic that this year we remember the 200th anniversary of the French revolution. How much longer does the American aristocracy think the peasants are going to continue to eat cake for bread? Could it be that the gang wars we are seeing across this nation are but a prelude to a 21st Century guillotine? We can not undo the damage that has already been done by our prejudice and ignorance. We can, however, resolve as individuals, to make a difference. For despite the sobering realities of the last two years, I remain naive enough to believe that a better tomorrow is still possible. I may not be here to see that tomorrow, but I know I will have done my part in making it happen. I hope you will be able to say the same. □

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James

Continued from page 3

terests to go into those trials. That snafu illustrates just one kind of design flaw that guarantees recruiting problems.

Parallel track has a problem that the people who don't have access for economic reasons to health care also don't have primary care. And if they don't have primary care, they don't see a doctor, they don't get AZT, let alone DDI. And the emergency-room physicians they see when they are desperately ill are not going to have time to fill out the paperwork to get them the parallel track treatments.

Also, I've heard one person was told he would not be able to get DDI because he was too old. He is 61. Now I'm not sure if anybody thought to build age into the criteria, but the whole idea of parallel track is that if people are not going to be accepted in the trials, then they should have another way to get the treatment.

Anyway, the development of the thinking about the parallel track — the dialogue that is going on now — is excellent. But still there is concern that new treatments may only get to a fraction of the people who need them.

That raises the issues of who has access to medical care in the first place and how the economics of drug approval prevent treatments from reaching people.

Well, there are some things that people don't realize about the high cost of medical care in general in the United States. One is that most of the effort of developing new treatments — the attention, the effort, the money — goes into only the most expensive options. If something could be provided at low cost then there isn't the financial incentive to get it through the enormously inefficient and costly U.S. drug approval process.

The other concept that people should start looking at is the extent to which this extremely costly drug approval process is America's non-tariff barrier, which is used to protect an inefficient pharmaceutical industry from foreign competition — like the non-tariff barriers we accuse the Japanese of having against American exports. This is true not only of domestic U.S. industry — Burroughs-Wellcome is actually a British company. It's the large multi-national corporations that know how to work the system and have the money to do it. They have a monopoly. They willingly pay the great cost of new-drug approval because that cost keeps others out — and provides a government-enforced health monopoly, allowing prices to rise to what the market will bear, creating the current affordability crisis.

Now what this system guarantees is — you know the money has to be paid from somewhere, and since we don't have national health insurance — that it's paid by patients when they are sick. This is a concept that we should look at too — that national health insurance would shift the burden of paying for illness from the time when people are sick — and least able to pay — to when they are well. But national health insurance would not bring down the overall cost.

So there are two issues: One is "Why is medical care so expensive that nobody can afford to pay?" Insurance is trying to get out of it, corporations are trying to get out of it for their employees, government is trying to get out of it — everybody is running away. The patients are least able to protect themselves, so they end up bearing the burden of cost-cutting. And the other question is around access. "Do we really want to pay for medicine when we're sick?" — as opposed to paying for it when we're well. The other thing that national health insurance does, or could do (and it does in every developed country except the United States and South Africa) is to extend the access to medical care to almost everybody instead of only part of the population, as we have now.

This issue of cost of care is becoming crucially important with the new results on AZT — that people in early illness have been shown to benefit. The question of course is who is going to pay for the treatment. Of course the price is exorbitant to begin with and the cost of manufacture has nothing to do with it. But because other drugs have not been developed to follow AZT there is no competition. Even though government money went into developing AZT — a great deal of the cost, probably most of it — the government still does not have any legal right to affect the price.

How about these recent AZT studies?

GAY COMMUNITY NEWS □ SEPTEMBER 10-16, 1989 □ PAGE 11

What kind of an impact will this new information have on current research and can you talk a little bit about the timing of the release of this information?

The question has been raised as to whether so much AZT information came out now because DDI was getting the attention it was, and I don't know. I'm not close enough to have any opinion on that. To the extent that there is any competition between them, we are probably better off than we were before when there was a paralysis and a lethargy on treatment development. The problems that we have now are the problems that have been developing for years when the research to actually produce new antivirals and get them through the human trials of attractive drugs was not done.

DDI has been around for years, and it's been known for well over two years to have anti-HIV effect. I first heard about DDI as a potential anti-HIV treatment at the Washington, D.C., AIDS conference, which was two years ago — two years before Montreal. And then only last summer — here's an interesting tidbit — the first human trials of DDI were run by the National Cancer Institute. And at first they couldn't get volunteers for the trial because nobody knew about it and nobody wanted it. And then somebody in Washington, D.C., put a message on his own computer bulletin board system telling people that there was a trial at the National Cancer Institute, and that's how they got their first subjects. Apparently the whole clock on a drug as important as DDI went back to one private individual happening to put a message on his computer bulletin board to enable the study to recruit subjects. So if he had done it a week late, we would be a week later now in the whole development. If he had done it a week early we'd be a week ahead.

One of the areas you have covered in depth in ATN is the excruciatingly slow pace at which research moves. You've talked a little bit about the problems of recruiting for trials, what about the studies themselves? What are the most likely ways they will be speeded up?

Well, coming up in mid-September there is a conference on surrogate markers, or endpoints to use in clinical trials short of death and major opportunistic infection. This conference could be crucial because the way the trials are designed now, in order to prove the efficacy of a drug to the FDA's satisfaction, people must do badly in the group that doesn't get the drug — the people who either get a placebo or AZT or other controls instead of the experimental drug. There need to be enough extra deaths and opportunistic infections in that group to be what's called "statistically significant," meaning that it looks like the results would have been unlikely to happen by chance alone.

Because AIDS develops slowly it takes a long time for those deaths and opportunistic infections to accumulate, especially if the control group is not a placebo group but gets AZT or some other active treatment. So trials designed that way are unlikely to lead to any result until about two years after they have recruited their last patient.

In other words we are still going into clinical trial designs which are going to be very difficult and very lengthy before anything comes out of them — any information that is accepted by the standards that are currently applied.

The idea of this surrogate endpoints conference is to find other markers such as T-helper cell count or the p24 antigen; some top clinical trial scientists have said these would be good enough, and we could develop drugs using just them. But most of the scientists are not ready to — there are technical problems, for example, some people can get AIDS and in fact die without ever being p24 antigen positive. And yet for the people who are positive, the p24 test is the best one that we have so far for determining fairly quickly whether or not a new drug is working. AZT does lower the level somewhat, for example.

Is there anything better than the p24 test on the horizon?

Two new tests have been developed in France that look like they're better than anything else we have for determining early whether drugs work. The one that AIDS

Continued on page 12

Continued from page 11

Treatment News has reviewed is called R-HEV. It is a kind of viral culture which is specific and a good indicator of a person's prognosis and status of disease. [See *ATN*, No. 85, August 11, 1989.]

This test was tried on about 150 frozen blood samples of patients and was found to be much better than any other test available for predicting who was going to get sick in the future. Sometimes it was the earliest indicator of who was going to do badly. So it may become a valuable test for individuals who want to determine quickly whether a particular drug treatment is working for them or not.

And it might make it possible to test new AIDS drugs and quickly see how well they're working. It can even be used to go back to the frozen blood samples and check out treatments that people have been using over the years, and get a better handle on what's actually helping people and what isn't. If so, then drug efficacy tests — called phase II — could go from taking two years or more to taking weeks or months at most. That would be a huge difference.

You mentioned earlier that treatments that are developed outside the U.S. stand a small chance of really taking hold here and being tested. I wonder if there might be similar problems for these new tests. What are they up against?

The way the scientific process normally works is that it's extremely competitive. Scientists are out to develop and promote their own ideas. And that's fine, that's how science should work. But when a new idea comes along from somebody that's outside the usual pecking order, the incentives are to find something wrong with it and say "Oh I don't have to waste any more time on that; I can safely dismiss it and go on with my work."

However, from the point of view of getting the epidemic under control, what we want are people who will take a look at new ideas and see how they could be made to work — not look for what's wrong but look for what's right and to go as far with it as you can until perhaps something that's wrong with it stops you. But at least to give it a good try. What I'm concerned about is that the incentives for early rejection which normally mean that it takes years for a new idea to enter into the scientific community are likely to cost us years that we don't have. The epidemic must be recognized as an emergency; it needs special arrangements, for business as usual is not good enough. I'm afraid that's a commitment the United States still does not have. All the authorities involved — the people with authority in this situation say that it's not their responsibility, it's basically nobody's responsibility that we are on a course heading to hundreds of thousands of deaths.

Do you see the recently formed National AIDS Commission addressing the problem that ideas developed outside the U.S. don't get much attention here?

My understanding is that the National AIDS Commission is not going to address this kind of issue at all. What they will do — which is also essential — is to work toward developing national consensus involving issues such as anti-discrimination, and economic access to treatment.

So they're not going to take a look at the impediments to getting good scientific ideas to the point where people are benefitting from them?

That's my understanding. They are likely to leave that issue to unspecified others.

And where do you see that work happening — besides AIDS Treatment News and various ACT UPS?

That's a key question. To some degree the new dialogue between AIDS activists and government officials will address these problems, but there does not seem to be anybody with authority to fix it. I have hoped that the National AIDS Commission could serve as a kind of a general ombudsman where major fundamental problems in our national response to AIDS could be brought for a hearing and at least brought into the public consciousness that way. But it seems that it will not do that in regard to the issues of scientific development.

For people trying to do advocacy or working on treatment issues at the local level, what are the kinds of questions that you think are the most important to raise?

Well, it's hard to say because so many of the issues are national. One kind of question comes from just looking into the future and projecting out what is happening now. How could the system possibly work? What's in place today could not possibly work no matter what occurred. So the issue is to see that and to say "Hey, this is not good enough. We need a better way. We can't wait for several years for the next drug."

What are some of the most important drugs to be watching?

D4T is looking very good. And also AZDU. Both these drugs have just begun human trials, and it looks like they might be as good as DDI and less toxic. With DDI we're finding increasing problems with peripheral neuropathy, and we don't know how serious that will be yet, but it is a real concern and something that people should know about.

So behind D4T and AZDU, there's anti-protease drugs — a whole class of antivirals to be developed in the future. Human trials have not started yet.

You did a lot of research and coverage of the underground Compound Q trial, which grabbed a lot of public attention. What is happening now?

In about two weeks we expect that Project Inform will release a report on Compound Q. There have been some serious effects — three people so far have gone into a coma, of the more than 80 who have used the treatment. And physicians are getting a better idea about what this problem is and how to manage it. It's still too early to tell whether they can manage it successfully. If not, then the treatment will probably be too dangerous to use. But otherwise Compound Q is looking good. If the problems can be overcome then it should be a valuable treatment.

Then where do we go from there? I guess what could be done would be to go to a phase II trial — an efficacy study — and then make Compound Q available on a parallel track also. That would be the best way to handle it. It might be possible now with the interest in parallel track.

What else are you expecting from the immediate future?

Clearly, the issue of cost of care is going to become increasingly central. But meanwhile we must not forget that research is still being conducted in ways which could possibly produce results in time. This situation has improved greatly; but we still have very serious problems.

The way the drug-approval pipeline works today there won't be a new antiviral like AZT approved for over two years — conceivably one-and-a-half if DDI trials can end early. Three trials are going to start for DDI maybe as early as September. But not one of those is likely to get results quickly. There's one which could get results faster, but it's still only an idea.

Under current plans the important new drugs will not be approved for years. Early access like the parallel track might help us live with this situation, but we don't know how many people can get treatment that way. And aside from new drugs, the questions remain about financial access to the whole spectrum of medical care.

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Sodomy

Continued from page 1

that here's this guy who perhaps through the phenomenon of male sexual privilege ended up a hero and the woman's story is totally discredited because what she has to say is so overshadowed by the inappropriateness of the [sodomy] law. The whole thing pisses me off because Michael Hardwick would never have been a hero in the same way, because he's just a faggot."

□ filed from Boston



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TYPEWRITERS ANYONE?

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DICTIONARIES NEEDED!

The average educational level of prisoners is junior high school (meaning that many haven't even finished elementary school). Both because they have "time" now and because they need to understand the pretentious "legalese" and other language of the system, they need dictionaries.

Please consider keeping an eye out for "deals" and picking up a few for us to send out. THANKS!

GCN News and Features writers need cassette recorders. If you have a working one that you're not using, or want to donate one, it would be well used. Thank you.

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Political journal of Prairie Fire Organizing Committee, Spring 1989 issue. Women of the Philippine Revolution — Interview with Makibaka; The Post-Feminist Mystery; speech by PISD (People with Immune System Disorders); Crack and Black Youth, \$3 including postage. John Brown Book Club, POB 1422, San Francisco, CA 94114.

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Age 28, Race-Black man, Hobbies-reading, Cooking and sports. All who write will receive answers. Rodney CONLEY, 183-452, Box 45699, Lucasville OH 45699.

I'm seeking to find a gay penpal in hopes that it can become more than penpals. I'm 28, Capricorn, and like country and soft rock music, swimming, partying. I'm very open minded but very quiet and sensitive. Jerry Lee BARNETT, Box 8376, Star Rt Box 22-B, Tucker AR 72168

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34, bi-male needs penpals. Inmates in prisons outside of Florida may write. I love kinky sex, pictures, writing, beaches. Barry J. EWELL, 058939, PO Box 1100 (180), Avon Park FL 33825.

I am gay and have been since I was 7 yrs old. Now I am 25 and need a friend. I don't have a family to speak of. My mom past away last year and that's when I began to be bad. She was all I had to take care of me. Please hook me up with a penpal. Ernest CRAWLEY, D-01129, Box 29, Represa CA 95671.

Gay Black Male, looking for longlasting love affair on the for-real side. Marvin Lee BLUFORD, Box C-10735, Tamal CA 94974

Gay male seeking friends, young and old, to write. Doing time in a hick prison that hates gays and need a friend to talk to. Jay Lee GATES, 17355, Montana State Prison, Deer Lodge MT 59722.

27 yr old Blackman, healthy, bright and strong, seeks penpals who are true blue and understanding for friendship and perchance a meaningful relationship. No prisoners please. A. THOMPSON, 86A 8118, Box 149, Attica NY 14011.

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Pam Buckley, I've been transferred and am under aka. I'm awaiting a correspondence to write you. Please do the same! A. WOODS (T. RICHMOND), 89G 0867, 3595 State School Rd, Albion NY 14411.

I would like a penpal to correspond with. Hobbies: cooking, singing, dancing, and teaching. Jacqueline Joyce MASSEY, 6754, Box 180, Munsey PA 17756.

I'm in dire need of new lesbian friendships. Interests are reading, music, history, school and anything that comes my way that I find intriguing. If you think you'll find me interesting, take a chance! Desiree NUNN, Box 7 (ILC), Shakopee MN 55379.

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I recently was badly injured by a guard in here and have several witnesses. Some definitely illegal things were done, but I need a lawyer to take the case. Please write me. Angela Davis, A498084, Box 8540 (164), Pembroke Pines FL 33024.

I would like to correspond with TVs and TSs, inside and out of prison. My hobbies are reading, writing, photography, gospel music, and soul-pop. Also dancing and body-building. I'm also well-endowed. I'm also bisexual. Arthur SWINDLE, 87A 2248, Box 51, Comstock NY 12821.

GM (proud); Leo, 26, into honest folks, spirituality and meditation. I love to write poetry and also song lyrics. Looking for friends in all walks of life. Marvin E. HOOVER, X52157, Unit 24-C, Parchman MS 38738

Please publish my name and address in the exciting Gay Community News Magazine Pen Pal Column! I'm very interested in corresponding with sincere guys (penpals)! I'm an open-minded loving male. Thank you very much! Norman GOODLOE, 22410, Box 473, Westville IN 46391.

I'm gay and in prison, 39, and would like a penpal friend. My hobbies are music, art and dancing. I do all kinds of love as long as it don't hurt. Jimmie Lee PONDER, B-018288 (E-B-114-B), 3950 Tiger Bay Rd, Dayton Beach FL 32014.

I'd like for you to place my name on your waiting list for gay penpals. I'm interested in writing and a long-term friendship. No games or put-ons please. Luis Manuel RODRIGUEZ, D-06192, W2094u, Box 600, Chino CA 91708. 38 yr old black bisexual male would like to hear from someone out there in the free world who has feelings. I seek sincerity. Robert Lee ANDERSON, EF-166918, 4600 Fulton Mill Rd, Macon GA 31213.

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15 Friday □

Casselberry-Dupree

perform at Club Cabaret through 9/17. 209 Columbus Ave. 8pm. \$12, \$15. 536-0972.

Calendar listings must be received by the Monday before the week of the event. Photos encouraged. Please specify if event is/is not wheelchair accessible and/or sign language interpreted. Please use our format as a guide for listings and put each event on a separate sheet, if possible. Listings must be typed.

9 Saturday

Boston □ The Boycott Sam Kinnison Affinity Group of ACT UP/Boston is sponsoring a demonstration against the homophobic comedian. Orpheum on Tremont at Hamilton Place. 6pm. 49-ACT UP.

Boston □ Girth & Mirth of New England, a club for big men and their admirers, is holding their monthly social. 338 Newbury Street, 2nd floor. 8-10pm. \$4 members, \$6 non-members. Denis, 387-0762 or Richard, 846-8442.

10 Sunday

Brookline □ Brookline, Brighton, Newton Lesbian Potluck, 6pm. 232-5946 for directions.

Provincetown □ Provincetown harbor Swim for Life to benefit P-town Positive/PWA Coalition & Family Tree Project. P.O. Box 819, 02657. \$08-487-1930.

Somerville □ GLOSS, Gays & Lesbians of Somerville & Surroundings, holds an "End of Summer" Picnic. 4pm. Mike, 628-2643 or Lisa, 628-2532.

Jamaica Plain □ Lesbian & Gay Neighbors of JP potluck on Jamaica Pond. Enter opposite Moraine St. 4-6:30pm. Margaret, S24-8070.

Cambridge □ Lucie Blue Tremblay performs at Saunders Theatre in Harvard Sq. at Cambridge & Quincy. 7pm. \$14.50 in advance, \$15.50 at the door. 661-1252. Wheelchair accessible.

Cambridge □ Men of All Colors Together presents three speakers in a discussion on "Interracial Eroticism in Art & Literature." Phillips Brooks House in Harvard Yard. 1-3pm. George, 266-4378.

11 Monday

Boston □ Hot, Sexy and Safer Tour '89 with Suzi Landolphi. At Club Cabaret, 209 Columbus Ave. 7:30-9:30pm. \$2 suggested donation. 267-0900 reservations.

Boston □ Coalition for Lesbian & Gay Civil Rights organizing meeting for upcoming State House Rally. At the Community Center, 338 Newbury Street, Rm. 202K. 8pm. Gordon, S36-2104.

Cambridge □ Boston Bisexual Women's Network Coordinating Committee meeting. Boylston Hall at Harvard. 7pm. BIS-MOVE

12 Tuesday

Boston □ NOW's Reproductive Rights Task Force meeting. 971 Commonwealth Ave. 7pm. 782-4059.

13 Wednesday

Boston □ Mass. AIDS Tax Fund Initiative meeting. Curley Room of Boston City Hall. 7pm. Chris Norris, 725-4225.

Boston □ Downtown Lesbian Lunch at Christopher Columbus Park. 12:30pm. Inga, 725-4408.

Boston □ Celebration '90: Gay Games III. Registration and Information night on the Gay Games III to be held in Vancouver, August 4-11, 1990. 1270, 1270 Boylston Street. 7-10pm.

Boston □ Metropolitan Community Church support group for people with AIDS/ARC, or HIV-positive, meets at the Lesbian & Gay Service Center. 338 Newbury Street, 2nd Floor. 7:30pm. 437-0430.

14 Thursday

Boston □ GCN Production Night. All welcome. Proofreading starts at 8pm. Paste-up after 7pm. 62 Berkeley St., near Arlington and Back Bay T-stops. Info: GCN: 617/426-4469.

15 Friday

Boston □ GCN Mailing. Come help stuff the paper and meet new friends. 5-10pm. 62 Berkeley St., near Arlington and Back Bay T-stops. Info: GCN, 617/426-4469.

Randolph □ Gay Professional Women sponsors a Card Reading at Randolph Country Club. \$5. Donna, S85-6051.

Boston □ Ellen Kushner, author of 'Swordspoint,' is featured at a booksigning party at Glad Day Bookshop, 673 Boylston Street. 4-6pm.

Boston □ Casselberry-Dupree perform at Club Cabaret through 9/17. 209 Columbus Ave. 8pm. \$12, \$15. 536-0972.

16 Saturday

Boston □ Chiltern Mountain Club hike Huntington Ravine to Mt. Washington. Cindy, 625-8537.

Northampton □ SHELIX, a woman to woman S/M support group presents the video "Story of O." \$2. 413-584-7616.

Jamaica Plain □ Gay & Lesbian Contra Group holds Contra & Square dance. First Church of JP, corner of Centre & Eliot. 8-11pm. \$5. Phil, 729-9206 or Scott, S36-2014.

Cambridge □ Simon Nkoli, Black, gay South African anti-apartheid activist, speaks in Boston. Workshops on South African feminism, AIDS, and national liberation movements precede his talk. Cultural event follows in the evening. Foods from around the world. Walker Memorial Hall, MIT Campus. \$13-\$20 regular, \$6-\$12 low income. Wheelchair accessible. Info: Jacqui, 876-9809.

Chelsea □ Concert for Peace & Friendship to benefit CASA and Comite Hondureno. Salsa, Merenge, Music from South & Central America. Chelsea High School, 8 Clark Avenue. 7pm. \$5 in advance, \$6 at the door. 492-8699.

Boston □ Prime Timers, an organization for older gay males, monthly meeting. Steve Tierney, co-chair, Mass. Gay & Lesbian Political Caucus, speaks on "Building a Community Together". Lindemann Health Center, 25 Staniford Street. 2-4pm. \$1. Info: D. Bourbeau, 604 Tremont Street, Boston, 02118.

Boston □ Boston Bisexual Women's & Men's Network Dim Sum Brunch. Meet under the Chinatown Arch. 10:45am. \$6-8. BIS-MOVE.

17 Sunday

Boston □ Non-Violence Training for Pro Choice Advocates. Training needed to do Civil Disobedience. Noon — 6pm. For information & reservation, Sheila 629-2645.

18 Monday

Jamaica Plain □ Lesbian & Gay Neighbors of JP meet for dinner at Doyle's Cafe on Washington Street. 6:30pm. Maria, S22-0241.

Boston □ Lesbian School Teachers/Administrators Potluck. A group for socializing, support & discussion of issues. Call for info & directions, S22-0241.

20 Wednesday

Randolph □ Doshie Powers performs at Randolph Country Club. 44 Mazzeo Drive. 9pm. \$3 non-members. 961-2414.

21 Thursday

Boston □ GCN Production Night. All welcome. Proofreading starts at 8pm. Paste-up after 7pm. 62 Berkeley St., near Arlington and Back Bay T-stops. Info, GCN: 617/426-4469.

22 Friday

Boston □ GCN Mailing. Come help stuff the paper and meet new friends. 5-10pm. 62 Berkeley St., near Arlington and Back Bay T-stops. Info: GCN, 617/426-4469.

Boston □ This Is Our Home, It Is Not For Sale a film by Jon Schwartz about the residents of Riverside in Houston, Texas, and issues of race, class and ethnicity. Institute of Contemporary Art, Boylston Street. 7pm. Also 9/23, 7pm & 9/25, 3pm. \$5 general, \$4 ICA members, students, seniors.

Weekly events

Saturday

Boston □ The Boston Area Rape Crisis Center new training session for hotline. 617/492-RAPE.

Boston □ Gay Boston, with Jim Voltz. Boston Neighborhood Network, channels A3 and A8. 7:30-8pm.

Boston □ Body Electric: Healing with group sensual massage for gay and bisexual men. SSI Tremont. 7:30pm. \$12. S22-9164.

Sunday

Boston □ Boston Alliance of Gay and Lesbian Youth (BAGLY). Open to youth age 22 and under. 35 Bowdoin St. 2-Spm. 354-6658.

Boston □ Metro Healing healing group for everyone. Metropolitan Health Club aerobics room, 209 Columbus Ave. 7:30-9:30pm. 426-9205.

Boston □ Boston's Other Voice, radio for Gay/Lesbian community with Peter Stickel. 11pm. WROR 98.5 FM. 9/10 Rhonda Lenair speaks about her system of magnetic healing for fears, phobias, & compulsive behaviors. 9/17 Joe Sadowski, Executive Director of the Canadian Tribute to Human Rights.

Boston □ The Gay Dating Show, WUNR 1600 AM. 2:30am. Lesbians and Gay Men.

Monday

Cambridge □ Healing Circle group healing. 5 Upland Rd. 7:30-9:30pm. \$5 suggested. 864-1989.

Cambridge □ Lesbian Rap. 9/11 Lesbian Social Etiquette, 9/18 Dating. Women's Center, 46 Pleasant St. 8-10pm. Free. 354-8807 (TTY/voice).

Cambridge □ Coalition for Lesbian and Gay Rights holds bi-weekly planning meeting. 142 Memorial Drive, Rm. 306. 7pm. 776-6956.

Tuesday

Boston □ Gay Fathers of Greater Boston meet 1st & 3rd Tues. of the month. Lindemann Ctr., 2nd fl. 8-10pm. 742-7897.

Boston □ Gay and Lesbian Support Group for Adult Children of Alcoholics. Faulkner Hospital. 8:30-10pm. Intake interview required. 522-5800 x1908.

Boston □ Lesbian and Gay Concert & Marching Band. No audition necessary. YWCA, 120 Clarendon St. 7:15pm. Joe 625-3304, Zoe 396-2989.

Cambridge □ The Group at Walker Memorial MIT on Memorial Drive. 8pm. 266-1129.

Providence, RI □ ACT-UP/Rhode Island open meetings. Rocket, 73 Richmond St. 7pm. Bill, 782-9063.

Boston □ ACT UP/Boston meets to confront the AIDS crisis. New Gay & Lesbian Service Center, 338 Newbury Street, Rm. 203. 7pm. 49-ACT UP.

Cambridge □ Bisexual Women's Rap. 9/12 Marriage, 9/19 Political Correctness. Women's Center, 46 Pleasant St. 7:30-10pm. 354-8807.

Cambridge □ 30-plus Lesbian Rap 7-8:30pm. 9/12 Siblings, 9/19 Support in friendships. The Women's Center (see above).

Cambridge □ Women For Sobriety, a self help group for women recovering from addictions. Women's Center, 46 Pleasant St. 8-9:30pm. 354-8807.

Arlington □ Parents & Friends of Lesbians & Gays meets on the second Tuesday of every month at First Parish Unitarian Church, 630 Mass. Ave. Info: \$47-2440 or S08-S62-S807.

Wednesday

Boston □ Boston Alliance of Gay and Lesbian Youth. Open to youth age 22 and under. 35 Bowdoin St. New persons' meeting 6pm; women and men meet separately 6:45-7:30; general meeting at 7:30pm. 354-6658.

Boston □ Bisexual Children of Alcoholics. Mass. General Hosp., lower amphitheater 7:30pm. 2S9-1SS9.

Cambridge □ Say it, Sister! WMBR, 88.1 FM. 7-8pm.

Boston □ Women's Self-Defense Classes sponsored by Women's Self Defense Collective. Studio 3, 731 Harrison Ave., 2nd floor. 6-8pm. \$10-\$35 sliding scale per mo. 62S-111S.

Cambridge □ Lesbian Al-Anon with childcare. Women's Center (see above). 6:30-8pm.

Cambridge □ MASS ACT OUT meeting. M.I.T., Building 66, Rm. 126. 7:30pm. 661-7737.

Thursday

Northampton □ Valley Gay Alliance meets 1st, 3rd Th. every month, basement of the Unitarian Church, 22 Main St. 7:30pm. 413/S27-S310.

Stoneham □ Incest Survivors' Group for women. New England Memorial Hospital, S Woodland Rd. S-6:30pm. Sara Epstein, 979-7025.

Cambridge □ Wise Woman Tradition Herbal Medicine and Women's Wisdom Classes. Sliding scale. Whitewolf, 277-8232.

Boston □ Boston Area Rape Crisis Center drop-in group for women who have been raped. 492-RAPE.

Cambridge □ Incest Survivors Group. Women's Center (see above). 7:30-9:30pm.

Cambridge □ Non-offending male sexual abuse survivors group meets first Thursday of every month. Cambridge Ctr. of Commerce conference room, 859 Mass. Ave. 8:30-10pm. \$5 donation. 498-9881.

Friday

Worcester □ AIDS Project-Worcester support group for HIV positive, PWAs, PWRCs, supporters. Open to all lesbians, gay men. 51 Jackson St. 7-9pm. Dana S08/755-3773.

Boston □ Healing group for everyone. Santa Fe Hair Salon, 528 Tremont St. 7:30-9:30pm. 426-9205.

Cambridge □ Incest survivors group on death and grief. Short-term. Women's Center (see above). 7pm.

Cambridge □ Women's Coffeehouse. Women's Center, 46 Pleasant St. 8-midnight. 354-8807.

After the call (boy)

How will the Barney Frank scandal influence the new fall fashions?

By Christopher Wittke

"I'm hot up here but I ain't takin' shit off today. You'll probably hold it against me in five years." Those two sentences were spoken by our very own Madonna (resplendent in a concealing brocade dress) at the Live Aid concert a few years back. She was trying to deflect the endless bad press that started when *Penthouse* magazine announced it would publish the "scandalous" nude photos she had posed for about a half decade earlier.

Like Barney Frank, Madonna was made vividly aware that once you're in the public eye people will sniff through your past like pigs rooting for truffles in the hopes that they will uncover something "unseemly." Even though Madonna repeatedly said that she had done nothing wrong and that she had nothing to be ashamed of, the hypocritical sexual politics of the would-be moral watchdogs had an immediate effect on Madonna's...choice of outfits. (And, by extension, *our* choice of outfits.)

Now we have to wonder, how will the *Enquirer*-like coverage of the fact that Barney Frank allegedly lived with an alleged male prostitute who allegedly ran an escort service out of Frank's alleged apartment — not to mention all of the attendant judgmentalism on the part of the allegedly ethically superior Republicans — influence what

we'll be wearing this fall? In countless ways. Throw out those hot neon bike pants you've been wearing this summer for dancing and working out. Toss away those clingy tank tops and hip hugging knee-length denim shorts with the one inch rolled cuffs. Slouchy socks (which were fading anyway) are gone, gone, gone, and do we even have to mention that anything with a *Batman* logo was pretty much out by June and is now political poison? Why? Because like all of the rest of these fashion choices, a *Bat-*

head and working down, here are a few fashion pointers that will get you through this fall:

Hats: No. Never. What, are you trying to disguise yourself? Do you have something to hide? Head gear is out, even in the pouring rain.

Sunglasses: Uh-uh. See "Hats."

Contact Lenses: Heave 'em in the garbage. It's back to old fashioned eye glasses, the chunkier looking the better. It's time to be taken seriously, and as Pokey once told

a sexual manner you will probably be revealed as the moral pariah that you really are. If you make the move to polyester immediately no one will think there's ever been anything in your closet besides a few geeky leisure suit jackets.

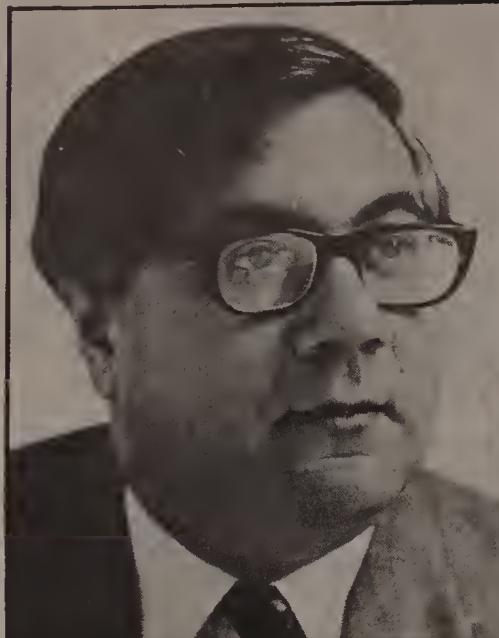
Bottoms: The polyester fabric emphasis is the same here, but remember, the baggier the better. Your pants and skirts (no matter what your gender) should say "I have no buttocks or genitalia and even if I did I wouldn't want you to know I know I do."

Accessories: No jewelry. Black belts are okay, as are elastic stretch shocks, in black or navy blue. Practical shoes, *only*. And no matter what it is you're out shopping for, under no circumstances should you put a green bandanna in either your back left or right pants pockets.

Remember, every outfit you choose this fall should tell the world "I am boring and hate fun and think people who like to have fun should be hassled and investigated and made to pay." Barney Frank has learned the hard way the lesson David Bowie taught us years ago: "Fashion, turn to the left; Fashion, turn to right; We are the goon squad and we're coming to town. Beep beep." □



BEFORE



AFTER

A fashion regression or good common sense? You be the judge before someone judges you.

man logo on any piece of clothing represents what we used to call "fun." And "fun" is out.

This fall the emphasis is on serious, studious, *ethical*. You thought you were going to get to choose from a rainbow of yummy colors for your fall wardrobe? You couldn't have been more wrong. Say goodbye right now to anything vibrant or revealing or anything that makes you feel sexy because morally upright people, apparently, don't have sex. Starting at the top of the

Gumby, "Glasses make you look smart."

Tops: Natural fabrics are O-U-T. Even polyester/cotton blends are iffy. Your petroleum based products make for the perfect fall coats and shirts/blouses. The problem with all-cotton clothing is that it breathes with you and allows a feeling of fashion freedom. Fashion freedom affords you the delusion that you can make choices. Making choices means that you might choose to have a pleasurable experience like, say, sex and if you want to enjoy yourself in

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